

%CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR. DIST. DIV. CODE		2. PERSON REPRESENTED ILICH A. HALL		3. VOUCHER NUMBER	
4. MAG. DKT. DEF. NUMBER 13-2520		5. DIST. DKT. DEF. NUMBER		6. APPEALS DKT. DEF. NUMBER	
7. IN CASE MATTER OF (Case Name) US v. ILICH A. HALL		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions) CC					

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list up to five major offenses charged, according to severity of offense.
18: 1029(b)(2) & 3146(a)(2) - FAILURE TO SURRENDER

12. ATTORNEY'S NAME (First Name, MI, Last Name, including any suffix) AND MAILING ADDRESS

Michael A. Armstrong
79 Mainbridge Avenue
Willingboro, NJ 08046
 Telephone Number **609-877-5511**

13. COURT ORDER

☒ O Appointing Counsel ☐ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorneys
☐ P Subs For Panel Attorneys ☐ Y Standby Counsel

Prior Attorney's

Appointment Dates

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. OR
☐ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court

10/15/2013

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment ☐ YES ☐ NO

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)

HOURS CLAIMED

TOTAL AMOUNT CLAIMED

MATH TECH ADJUSTED HOURS

MATH TECH ADJUSTED AMOUNT

ADDITIONAL REVIEW

		CLAIMED	HOURS	ADJUSTED AMOUNT	REVIEW
In	a. Arrangement and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
	(RATE PER HOUR = \$) TOTALS:				
Out of	a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
(RATE PER HOUR = \$) TOTALS:					
17	Travel Expenses (lodging, parking, meals, mileage, etc.)				
18	Other Expenses (other than expert, transcripts, etc.)				
GRAND TOTALS (CLAIMED AND ADJUSTED):					

19. CERTIFICATION OF ATTORNEY-PAYEE FOR THE PERIOD OF SERVICE

TO:

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS

☐ Final Payment

☐ Interim Payment Number

☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this representation? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

Date

APPROVED FOR PAYMENT — COURT USE ONLY

23. IN COURT COMP		24. OUT OF COURT COMP		25. TRAVEL EXPENSES		26. OTHER EXPENSES		27. TOTAL AMT APPR CFTI	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					DATE		28a. JUDGE/MAG JUDGE CODE		
29. IN COURT COMP		30. OUT OF COURT COMP		31. TRAVEL EXPENSES		32. OTHER EXPENSES		33. TOTAL AMT APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) (Payment approved in excess of the statutory threshold amount)					DATE		34a. JUDGE CODE		